

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MA</i>	<i>75501</i>	<i>11/15</i>
O.I.P.E. CLASSIFIER		<i>21</i>	<i>11/2/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>CA</i>	<i>69916</i>	<i>2/3/00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	X		
2	X		
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4	X		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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